

LEAVE SAMPLES ON LAB CART. RESULTS WILL BE PHONED OR EMAILED TO YOU.



Utah County Cooperative Extension Service
100 East Center, L 600
Provo, UT 84606 Phone: 801-370-8460

HOUSEPLANTS
Diagnostic Lab
Form
\$1.00 paid _____

1. Date _____

2. For: Commercial _____ Homeowner _____

3. Name _____

4. Mailing address: _____

City: _____ State: _____

Zip Code: _____

5. Phone Number: home _____

work _____

e-mail: _____

6. Plant Name (Common or Scientific): _____

7. Container:

How big is the pot? ____ 6" ____ 8" ____ 10"

Other _____ (Size)

Does water come out of the drain holes when the
plant is watered? _____

How near is the plant to a window? _____

Which side of the house is the window on? _____

8. Miscellaneous Information:

Age of the plant _____

Is the problem getting worse? _____

When was the problem first observed?

9. What is the soil
like? (Circle)
Sandy Loam Clay Other

10. Drainage: (Circle)
Good Fair Poor

11. Watering:
How often do you water? _____
How long do you water? _____
What time of day do you water? _____

Describe irrigation system: (Circle)
Sprinkler Soaker By hand
Stationary Drip

12. Plant part(s) Affected: (Circle)
Stems Roots Leaves
Flowers Fruit Other _____

13. Symptoms: (Circle)
Die Back Yellowing Leaf Drop
Leafspots/blight Leaf Holes
Marginal Burn Skeletonizing
Borer Holes Streaks Mosaic
Galls Wilting
Other: _____

14. Pesticides and fertilizers:
Name of product _____
Rate and date applied _____

15. Describe symptom development: